

Module 10: Stages of the TC Program and the Phases of Treatment

Module 10 Goal and Objectives





Goal: To understand what residents are expected to achieve to complete each stage of the TC program successfully.




Objectives: Participants who complete Module 10 will be able to




- List the three stages of the TC program and explain how residents progress through each stage
- Describe at least two goals of each stage and phase of the TC program
- Describe at least one benefit to residents of the staged approach to treatment
- Explain decisions to advance a resident through the stages and phases based on the TC views of the disorder, the person, recovery, and right living
- Explain the relationship between TC program stages and phases and the privilege system and state at least one way staff members demonstrate their understanding of this relationship
- Explain the importance of maintaining accurate records and state at least one way staff members fulfill this requirement.

Content and Timeline

Introduction	20 minutes
Presentation: Preprogram Assessment	15 minutes
Presentation: Stages of the TC Program—Overview	10 minutes
Presentation: Stage I, Orientation or Induction	20 minutes
Exercise: Case Study of Marcus Advancing Through the Program Stages—Stage I, Role Play	25 minutes
Break	15 minutes
Presentation: Stage II, Primary Treatment	20 minutes
Exercise: Case Study of Marcus Advancing Through the Program Stages—Stage II	25 minutes
Presentation: Stage III, Reentry	20 minutes
Break	15 minutes
Presentation: Program Completion	20 minutes
Presentation: TCA Staff Competency—Understanding and Promoting Upward Mobility and the Privilege System	10 minutes
Presentation: TCA Staff Competency—Maintaining Accurate Records	20 minutes
Summary and Review	20 minutes
Journal Writing and Wrapup	20 minutes
Total Time	4 hours, 35 minutes

Slides	Notes
 <h2 data-bbox="435 426 634 468">Module 10</h2> <p data-bbox="337 527 732 583">Stages of the TC Program and the Phases of Treatment</p> <div data-bbox="219 684 583 747"><p data-bbox="289 688 583 747">U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment www.samhsa.gov</p></div> <p data-bbox="797 768 841 783">OH #10-1</p>	
 <h2 data-bbox="347 921 695 953">Preprogram Assessment</h2> <ul data-bbox="326 1003 573 1077" style="list-style-type: none"><li data-bbox="326 1003 573 1031">• Structured interview<li data-bbox="326 1047 558 1077">• Medical evaluation <p data-bbox="797 1278 841 1293">OH #10-2</p>	
 <h2 data-bbox="313 1411 745 1442">Staged Approach to Treatment</h2> <p data-bbox="233 1465 547 1493">Allows time for residents to</p> <ul data-bbox="233 1509 771 1749" style="list-style-type: none"><li data-bbox="233 1509 735 1537">• Practice prosocial behaviors and attitudes<li data-bbox="233 1551 771 1608">• Experience success or failure through a trial-and-error learning process<li data-bbox="233 1623 753 1650">• Be supported and guided by the community<li data-bbox="233 1665 771 1749">• Internalize new behaviors and attitudes and become accustomed to living them on a daily basis <p data-bbox="797 1793 841 1808">OH #10-3</p>	

Slides	Notes
 <p>Stages of the TC Program</p> <ul style="list-style-type: none"> • Stage I—Orientation/Induction • Stage II—Primary Treatment (Phase 1, Phase 2, Phase 3) • Stage III—Reentry (early phase, middle phase, late phase) <p>OH #10-4</p>	
 <p>Program Graduates</p> <ul style="list-style-type: none"> • Have remained alcohol and drug free • Are employed or are in school or a training program • Have resolved legal problems • Have resolved most of their practical problems • Accept that they need to continue to work on particular problem areas and on themselves in general • May have a regular therapist • Are attending AA or NA meetings regularly • Have a firm commitment to continued abstinence <p>OH #10-5</p>	
 <p>TCA Staff Competency</p> <p>Understanding and promoting upward mobility and the privilege system</p> <p>OH #10-6</p>	

Slides	Notes
 <p>TCA Staff Competency</p> <p>Maintaining accurate records</p> <ul style="list-style-type: none"> • What are examples of good recordkeeping? • What are examples of poor recordkeeping? <p>OH #10-7</p>	
 <p>Journal Writing and Wrapup</p> <ul style="list-style-type: none"> • How comfortable am I making decisions about a resident's advancement or regression from stage to stage and phase to phase? • How competent am I at recordkeeping? In what ways could I improve? <p>OH #10-8</p>	
 <p>Pework for Module 11</p> <ul style="list-style-type: none"> • Read and complete Resource Sheet #11-1: The Process of Self-Change and Internalization • Read Resource Sheet #11-2: Case Study of Marcus as a Role Model <p>OH #10-9</p>	

Resource Sheet #10-1: Case Study of Marcus Advancing Through the TC Program Stages

Part I: Preprogram Assessment

Background

Marcus is a 38-year-old high school dropout. He has three children from two different women and has never married. He stays in contact with his oldest child, 20-year-old son, Jamal, but he never sees his two daughters, ages 18 and 16. Marcus grew up in a household with eight children and his mother, who constantly criticized him and his siblings.

Marcus has had menial jobs for a few months at a time, but he usually was fired for being late and verbally abusive to his supervisor. Taking drugs, selling drugs, and stealing have been his way of life since he was 17 years old and dropped out of school. Marcus has been arrested for drug-related activities eight times over the past 20 years. He is addicted to crack cocaine, uses sedative drugs to “come down,” and drinks heavily. Marcus has not been abstinent for longer than a few months at a time. He lives with several friends who also have substance use disorders.

In the last 7 years Marcus has entered TC residential treatment three times and dropped out each time. His pattern has been to leave treatment within the first 60 days and to relapse into old substance use and petty theft. Eight months ago, Marcus left an outpatient program before completing it because he was unwilling to comply with the rules of the program, a violation of his probation agreement. At an appointment with his probation officer (PO), the PO told Marcus that this time he must complete a TC program and stay abstinent or he will go to prison for 2 years.

Preprogram Assessment

Marcus' PO makes the formal referral to the TC but does not accompany him to the intake interview. When asked the first question, Marcus replies that he has given up on himself but will give treatment another shot to avoid prison. His defeatist attitude is evident. He has a negative view of TCs and recovery and displays a tough guy image during the intake interview. When the intake worker asks Marcus a question, his response is, “You have that information. My PO sent it to you in his report.”

Marcus eventually cooperates and gives the information required to determine his eligibility for the TC program and signs a release of information form allowing the TC to report to his PO. The intake worker's report is sent to the supervisor of admissions. The intake worker calls the PO to notify him of the disposition.

Are there any factors in Marcus' history that make him inappropriate for TC treatment?

Part II: Role Plays

Instructions for Role Plays

In your small group, choose participants to play each of the following roles. These roles will be used in *all* scenarios. Participants can switch roles for each scenario:

Marcus: Is requesting a move to the next program stage or phase of treatment. Marcus provides a summary of his accomplishments and rationale for why he should be advanced. Within the general outline of the role play, feel free to improvise.

A staff member: Asks questions to determine whether Marcus has achieved the goals for each stage of the program or treatment phase. The staff member explains his or her decision to Marcus in terms of the TC views of the disorder, the person, recovery, and right living.

A peer role model: Supports Marcus and helps him identify his strengths and challenges.

A facilitator/timekeeper: Keep tracks of time and ensures each person contributes to the role play.

An observer: Observes the small-group dynamics and, at the end, comments on it.

Each small group has 20 minutes for the role play.

Scenarios

Stage I scenario

Marcus believes that he knows everything about the TC because he has been in three other TC programs. As he enters his first orientation session, Marcus says, “I know the rules; I’ve been through this before.” He believes that the staff members and senior residents conducting the orientation do not have anything to teach him. During the first 10 days he complains to staff daily about being put through induction. He is defiant in orientation sessions. When a senior staff member reprimands Marcus for being critical in the orientation sessions, for walking out, and for overall lack of cooperation, Marcus says, “I know you are trying to help me, but I already know this stuff.”

Over time, Marcus begins to participate more appropriately in the orientation sessions and listens even though he believes this program will be no different from his past TC experiences. He still makes it clear that he does not want to be in the TC, but he does not want to go to jail. He says, “Maybe I just have to follow the rules and do what everyone tells me.”

Marcus makes friends with Eddie, a Stage II resident, who also comes from a large family and has the same ethnic background. Marcus also makes friends with Cheree, a new resident, who is very optimistic about being in the TC. Marcus asks Eddie for help: “I really don’t know what they want from me; just keep telling me what I need to do over and over again if you have to.”

Marcus also states in group, “This is my last chance. If I don’t finish this program, I’m going to jail. I would rather follow the rules for the next 6 months than go there.”

When Marcus has been in treatment for 30 days, he requests advancement to Stage II.

Stage I Goals

To meet Stage I goals successfully and to move to Stage II, a resident demonstrates

- Understanding of TC policies, procedures, philosophy, and expectations
- Trusting relationships with at least some of his or her peers and TC staff members
- An initial understanding of his or her circumstances and need for support and assistance in recovery
- An understanding of the TC view of substance use disorder as a disorder of the whole person
- A beginning understanding of what is needed for recovery
- A willingness to commit to the recovery process, including agreeing to remain in treatment
- Some self-discipline.

Stage II, Phase 1 scenario

In Stage II, Marcus continues to have a negative attitude and is unwilling to engage fully in the treatment process. He has been late to meetings, seminars, and group sessions. He has been called into the coordinator’s office because peers have reported that he constantly complains. He is confronted in encounter group sessions for this behavior but remains emotionally unreachable and refuses to acknowledge that complaining is self-defeating. He repeatedly says, “Nobody understands what I’m going through. It’s hard for someone my age to start life from scratch. Nobody in this program has it as tough as me. I may be better off in prison than to hear all of you criticizing me all the time.” Marcus personalizes constructive criticism and wants sympathy and pity from his peers. He dwells in the past by indulging in self-pity about his life circumstances and refuses to acknowledge complaints and feedback about his behavior.

Over time, and with learning experiences and encounters, Marcus begins to make some changes. He responds to his peers during encounter groups and says what he feels, instead of staying silent and nodding his head in agreement. He can state what is expected of him, but he still complains that nobody really understands what he is going through.

Marcus begins to acknowledge his difficulty with being confronted and hearing criticism. He says, “I hate hearing this stuff from you. I feel like I felt when my mother was calling me stupid.” He starts to listen to comments about his behavior in the encounter group and occasionally acknowledges the feedback. He also makes considerable improvement in being punctual and is on time to each meeting, seminar, and encounter group session.

When Marcus has been in Phase 1 of Stage II for about 3 months, he requests advancement to Phase 2.

Stage II, Phase 1 Goals

To meet Phase 1 goals successfully and to move to Phase 2, a resident usually is expected to

- Conform to the rules and procedures of the TC
- Participate consistently in daily activities
- Acknowledge orally the seriousness of his or her substance use and other problems
- Accept increasing responsibility in work assignments.

Stage II, Phase 2 scenario

During Phase 2 Marcus demonstrates behaviors that are consistent with a middle phase role model. He reaches out to new residents struggling with issues of recovery and gives them positive and constructive feedback whenever possible. He helps new residents assigned to his crew.

Marcus seems to be developing a sense of responsibility and responsible concern toward himself and others, which is most evident when he cofacilitates encounter sessions, morning meetings, and seminars. He is open to constructive criticism and confrontation in his encounter sessions and has learned to be respectful of authority figures.

Marcus shares his thoughts and feelings in each group session. Although he occasionally lapses back into self-pity, he usually catches himself when complaining or being defensive during encounter groups and apologizes for his reaction. Marcus helps new residents assigned to his crew.

When Marcus has been in Phase 2 for 2 months, he asks to be advanced to Phase 3.

Stage II, Phase 2 Goals

To meet Phase 2 goals successfully and to move to Phase 3, a resident usually is expected to

- Set a positive example for other residents
- Accept TC staff members as rational authorities
- Accept responsibility for his or her behavior, problems, and solutions
- Cofacilitate group sessions and meetings with senior residents
- Earn increasingly more privileges and hold increasingly responsible jobs in the community.

Stage II, Phase 3 scenario

In Phase 3, Marcus is given the responsibility of being chief expeditor and is learning how to give directions and receive supervision. Marcus cofacilitates encounter group sessions, morning

meetings, and seminars for Phase 2 residents. Gradually, Marcus practices leadership skills and realizes that he can lead a productive life.

While on a visit to his brother's house, Marcus spent some time with an old using buddy, saying that he was "bored with watching TV"; his friend stopped by and asked him to hang out for a while. He admits this in a group and talks about how he was tempted to use drugs with his friend, "just that once," but did not. He expresses some frustration and anger that he cannot be with his old friends, some of whom he has known since he was a child. Group members confront him about his behavior. Although Marcus listens, he does not respond and isolates himself from the community for a few days.

Over time, and with repeated feedback from his peers, he begins to participate in the community again and acknowledges that he knows his peers are "true friends" and are looking out for him.

Marcus begins to express hope in group sessions and speaks with enthusiasm about getting a job and being successful in his recovery outside the TC. He is in the process of completing his general equivalency diploma (GED) and looks forward to continuing his education by applying for admission to a trade school.

When Marcus has been in Phase 3 of Stage II for 3 months, he asks to be advanced to Stage III, reentry.

Stage II, Phase 3 Goals

To meet Phase 3 goals successfully and to move to Stage III, a resident usually is expected to

- Be an active participant in group sessions and meetings and frequently cofacilitate groups with other senior residents
- Adopt self-management skills and develop the ability to handle privacy appropriately
- Become involved with school or vocational training
- Develop a positive social network of peers during furloughs
- Become an established role model and provide leadership in the community.

Part III: Marcus in Stage III and Program Completion

Marcus has been in treatment for 9 months. His attitude significantly improved in Stage II. He struggled, but with the support of his peers and program staff, he became engaged in the treatment process. He learned why he was unsuccessful in his past treatment experiences and the steps he needs to take to prevent relapse when he returns to the community.

Marcus not only learned how to help himself, he also became a positive role model in the community. He now helps new residents in the program and gives them positive and constructive feedback.

Marcus is very proud that he has advanced to Stage III of the program, where he will continue to practice leadership skills. He has experienced many achievements while in the TC that have been validated by his peers and staff member feedback. He realizes that he can lead a productive, prosocial lifestyle.

Marcus maintains a highly structured schedule of school, work, and TC activities. He has reconnected with his children and visits them regularly. Marcus completed his GED, is enrolled in a trade school, and is working at a part-time job. He is planning to move into an apartment with another resident who is also in reentry. Marcus has been attending NA meetings in the local community and has a sponsor. He is active in his home group and has led several meetings.

Marcus says that he and his brothers talk about their experience growing up with a mother who was constantly critical of them but that he now understands that he must take responsibility for himself and his success outside the TC.

Marcus applies and is approved for graduation from the TC. He will be moving out of the TC soon and will attend the program's spring graduation ceremony.

Typical Criteria for TC Graduation

Residents who have completed the TC program successfully and are eligible for graduation

- Have remained alcohol and drug free
- Are employed or are in school or a training program
- Have resolved or are in good standing regarding their legal problems
- Have resolved most of their practical problems, like housing, health, and family estrangement
- Accept that they need to continue to work on particular problem areas and on themselves in general
- Have a regular therapist, if necessary
- Are attending NA or AA meetings regularly
- Are committed firmly to continued abstinence.

Summary of Module 10

Preprogram Assessment

TCs conduct a preprogram assessment of potential residents, consisting of a structured interview conducted by a clinical staff member and a medical evaluation conducted by the TC's medical staff or a contract physician.

The structured interview and medical evaluation

- Identify factors that *may* make a person inappropriate for TC treatment, such as
 - Current suicidal thoughts or multiple suicide attempts
 - History of arson
 - Violent behavior
 - Mental disorders that would impede the person's ability to participate in the TC program
 - Acute physical illness that must be treated before admission
- Identify the person's need for ongoing psychiatric care, such as medication management
- Assess the person's need for medical or ambulatory detoxification
- Identify the person's need for ongoing medical care
- Obtain information about the person's prior treatment experiences
- Obtain preliminary information about the person's alcohol and drug use
- Obtain preliminary information about a person's social history, including
 - Employment status and history
 - Family and relationship history and current status
 - Legal status
 - Education
- Prepare the person for long-term treatment.

Stages and Phases

Treatment in a TC is divided into several distinct levels that can be called program stages and phases of treatment. As a resident makes incremental changes in behavior and attitude, he or she progresses to the next program stage or treatment phase. The information contained in this module is based on a generic TC. Participants' TCs may use different terms for stages and phases, but the underlying concepts should still apply.

The three stages of most TC programs include

- Stage I, Orientation or Induction
- Stage II, Primary Treatment (divided into Phases 1, 2, and 3)
- Stage III, Reentry (divided into early, middle, and late reentry phases).

The community sets intermediate behavioral goals for residents during each stage of the TC program (see Resource Sheet #10-1 for lists of goals). The goals of one stage must be met before a resident can advance to the next stage. Residents may request movement to the next stage of the program or phase of treatment when they believe the goals of their current stage or phase have been achieved. The final decision to advance a resident is made by staff members, with significant input from other residents in the community. Residents may be returned to a previous stage or phase if their behavior deteriorates and they do not progress. A TC staff member makes this decision with community input.

Residents benefit from the staged approach to treatment because it is gradual and allows time for residents to

- Practice prosocial behaviors and attitudes
- Experience success or failure through trial and error
- Be supported and guided by the community
- Internalize new behaviors and attitudes and become accustomed to living them on a daily basis.

TCA Staff Competency—Understanding and Promoting Upward Mobility and the Privilege System

Privileges are explicit rewards for residents who advance through the stages of the TC program and the phases of treatment. The privilege system teaches residents that rewards are based on earning, not entitlement.

TCA Staff Competency—Maintaining Accurate Records

It is critical that residents' records adequately reflect the treatment process, from intake and assessment through discharge. Residents' records are used to communicate relevant information with referral sources and other relevant stakeholders (with residents' written consent).

Review of Module 10

In your small group, discuss and quiz one another on the following (feel free to take notes on this page). Can you

- List the three stages of the TC program and explain how residents progress through each stage?
- Describe at least two goals of each stage of the TC program?
- Describe at least one benefit to residents of the staged approach to treatment?
- Explain decisions to advance a resident through the stages based on the TC views of the disorder, the person, recovery, and right living?
- Explain the relationship between TC program stages and the privilege system and state at least one way staff members demonstrate their understanding of this relationship?
- Explain the importance of maintaining accurate records and state at least one way staff members fulfill this requirement?